Surgeon General's Media Update

Oct. 16, 2006

ALION AWARDED \$8M NAVY RESEARCH PROTECTIONS CONTRACT - Technology Solutions Company to Assist Department of Navy Human Research Protection Program

10/09/06 - Business Wire

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U.S. NAVY BUMED EXTENDS CONTRACT WITH VFA FOR CAPITAL PLANNING AND MANAGEMENT SOLUTIONS Contract Bolsters VFA's Position as Leading Provider of Facilities Capital Planning Solutions for the Federal Market

10/02/06 - Business Wire

WASHINGTON and BOSTON - VFA, Inc., the leading provider of end-to-end solutions for facilities capital planning and asset management, today announced that the U.S. Navy Bureau of Medicine and Surgery (BUMED) has renewed its contract with VFA for facilities capital planning and management solutions. Under the current contract term, valued at over \$2 million, BUMED will continue to license VFA.facility software for capital planning and asset management, and VFA will provide condition assessments of 15 million square feet of BUMED facilities.

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10/14/06 - By Leo Shane III, Stars and Stripes, Mideast edition

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10/10/06 - By Jennifer H. Svan, Stars and Stripes, Mideast edition

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CORPSMEN EARN RESPECT, TITLE 'DOC'

10/13/06 - By Pfc. Corey A. Blodgett, MCB Camp Butler, Marine Corps News

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FEWER EMBEDS REPORTING WITH U.S. MILITARY

10/16/06 - By Associated Press, San Diego Union-Tribune

BAGHDAD, Iraq – The number of embedded journalists reporting alongside U.S. troops in Iraq has dropped to its lowest level even as the conflict heats up in Baghdad and in the U.S. political campaign. The number of journalists reporting assigned to U.S. military units in Iraq has settled to below two dozen. Late last month, it fell to 11, its lowest, and has rebounded only slightly.

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The contract, awarded by the US Navy to support its Bureau of Medicine and Surgery (BUMED), is a single award, time and materials, IDIQ contract with a one year base and four option years. The base year, running from September 2006 to September 2007, has been fully funded by the Navy.

Alion will provide experts in applied research ethics to assist in: conducting education and training; development of the DON HRPP handbook; assessment of human research protection programs at the Navy's commands and institutions conducting Navy-supported research; support in the development and implementation of corrective action programs as needed; and providing information systems support.

"DON HRPP is responsible for the oversight of approximately 2,000 research protocols for studies being conducted in over 150 locations worldwide," said Rob Goff, Alion Sector Senior Vice President and Manager of the Defense Operations Integration Sector. "Through this award Alion will be able to expand the work we are currently performing with the Navy by helping to ensure the proper steps are taken at all times to ensure the safety of the human research subjects."

The new award will enable Alion to build upon its current work with the DON HRPP through an existing contract with the Office of Naval Research (ONR), a portion of which supports ONR's Research Protections Division (Code 343) in the establishment and implementation of the Navy's HRPP.

About Alion Science and Technology

Alion Science and Technology is an employee-owned technology solutions company delivering technical expertise and operational support to the Department of Defense, civilian government agencies and commercial customers. Building on almost 70 years of R&D and engineering experience, Alion brings innovation and insight to multiple business areas: naval architecture & marine engineering; defense operations; systems engineering; modeling & simulation; information management & technology; chemical, biological, nuclear & environmental sciences; wireless spectrum engineering; and industrial technology. Based in McLean, Virginia, Alion has more than 3700 employee-owners at major offices, customer sites and laboratories worldwide. For more information, call 877.771.6252 or visit Alion online at www.alionscience.com.

This press release contains information about management's view of Alion's future expectations, plans and prospects that constitute forward-looking statements for purposes of the safe harbor provisions under The Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated by these forward-looking statements as a result of a variety of risk factors and uncertainties discussed in documents periodically filed by Alion with the SEC. Due to such uncertainties and risks, readers are cautioned not to place undue reliance on such forward-looking statements, which speak only as of the date hereof.

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VFA has provided VFA.facility software and facility condition assessment services for BUMED since 2003, and has previously assessed more than 62 million square feet of real property for BUMED worldwide.

"VFA solutions play a key role in supporting BUMED's capital planning initiatives," said Dan Taber, Facilities Program Manager, Navy Medicine East at BUMED. "In addition to providing detailed data about facility assets and sophisticated analytic tools for capital planning, VFA solutions have helped BUMED to streamline the process of creating DD1391 Project Request forms for Command approval, and to integrate facility data with the Internet Navy Facilities Assets Data Store (iNFADS) database, the official record of the Navy's real property assets."

"VFA looks forward to continuing to support BUMED in its mission to safeguard the health of Navy and Marine Corps personnel worldwide by providing the agency with the detailed asset data and planning tools it needs to make optimal decisions about its investment in capital assets," said Jerry Kokos, President and CEO of VFA.

In addition to the U.S. Navy, VFA's roster of clients in the U.S. federal government includes such organizations as the General Services Administration (GSA), the U.S. Army, the National Institutes of Health (NIH), the Federal Emergency Management Association (FEMA), and the U.S. Department of Agriculture (USDA).

About The U.S. Navy Bureau of Medicine and Surgery

The Navy Bureau of Medicine and Surgery (BUMED) is the headquarters command for Navy Medicine. In support of its mission to safeguard the health of Navy and Marine Corps personnel, BUMED directs the worldwide medical and dental services and facilities maintained by the Department of the Navy. BUMED provides healthcare services to 700,000 active-duty Navy and Marine Corps members and 2.6 million retired service and family members while supporting contingency, humanitarian and joint operations around the world.

About VFA

Headquartered in Boston, VFA, Inc. is the leading provider of end-to-end solutions for facilities capital planning and asset management. VFA's Capital Planning and Management Solution (CPMS™) uniquely combines facility assessment services, Web-based software, and business consulting services to enable clients to manage every stage of the capital asset lifecycle—from requirements gathering and long-term planning to capital budget creation and spend management. VFA has helped more than 300 organizations in education, federal, state and local government, healthcare and corporate markets to strategically manage more than two billion square feet of real estate. For more information, please call 800-693-3132 or visit http://www.vfa.com.

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WASHINGTON — Soon dog tags might tell battlefield physicians more than just name and blood type. According to military medical researchers, within the next three years the tags could have every injury, every surgery, and every checkup of a servicemember's life on there, too.

Military officials working on ways to get vital medical information downrange are working on new electronic dog tags containing troops' complete medical history, along with that traditional social security number, service, blood type and religious information.

Already about 13,500 troops in Iraq and Afghanistan are wearing electronic dog tags in addition to their standard-issue ones.

The experimental models are essentially reinforced memory sticks, which can plug into any laptop and display every injury, illness and medication troops are taking.

Tommy Morris, chief information technology officer for the Army's Telemedicine and Advanced Technology Research Center, said so far they've been a reliable resource, giving physicians on the front line more information to make decisions on injuries and illnesses.

He said the next generation in development will be wireless transmitters that medics will be able to read simply by holding a Personal Digital Assistant, or PDA, near a patient.

"The biggest problem we're finding now is [that] the soldiers in the field don't like having to pull the tags out of a wounded patient's shirt and having to plug it in," he said.

Military medical officials said the stamped-metal IDs will probably never fully disappear, since their simplicity and durability make them tough to fully replace.

But Morris said he expects the electronic versions to become just as common. The size and shape of the wireless versions is still under development, but he expects the finished product will be smaller than a business card and just as thin.

That means the tags could be embedded nearly anywhere on a soldier's uniform: in a watch, on a belt or even in the existing metal dogs tags themselves.

"They really could go anywhere," he said.

For now security and durability are still the main concerns. While having all that medical information in one place is a boon for military physicians, it could also be a potential weapon if captured by enemy troops.

And Morris said researchers are adapting to problems in the field — like sweat corroding the delicate electronics — to make sure the devices won't fail in life-or-death situations.

The electronic tags are just the latest idea in the military's ongoing efforts to keep critical medical information with troops wherever they travel.

On Thursday, defense health officials said they are still on track to have the new electronics medical records system, known as AHLTA, fully operational by December. The massive database will have clinical information on more than 9.2 million troops and military dependents, and be available to military facilities worldwide.

And nearly 30,000 medics in Iraq and Afghanistan are already carrying PDAs which can download and update information from that database, to give them a battlefield assessment tool and provide near real-time tracking of troops' health.

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CAMP ARIFJAN, Kuwait — Since December, more than 1,000 U.S. servicemembers injured in Iraq, Afghanistan, Kuwait and elsewhere throughout Central Command have been returned to active duty after rehabilitation at this Army camp.

The Army's 1st Medical Brigade stood up the Theater Transient Hold Detachment (TTHD) 10 months ago to give military personnel more time to recover from injuries without leaving Central Command, said Maj. John Miller, the brigade's medical regulating officer.

Patients in the detachment have 30 days to return to active duty; otherwise they must be evacuated to Landstuhl, Germany, Miller said.

But in the past, if a soldier in Iraq, for example, had a hernia and could not perform his job because he could not wear protective gear, he would probably be evacuated out of the theater. "If they did the surgical intervention up north, they would exceed the evacuation policy of 7 days, 15 days, or whatever it

is," Miller said. "We have increased that for select personnel ... so that we can keep as many servicemembers as far forward as possible."

Troops evacuated to Germany have about a one-in-four chance of returning to their deployed unit, Miller said, while the TTHD's return-to-duty rate is about 76 percent. That is due in part to the type of injuries treated. Patients with more traumatic injuries go to Landstuhl, while the TTHD accepts servicemembers needing minor procedures, such as a cardiac stress test or surgery to repair a torn ligament.

"If you look at who's fighting the war over here, they have diseases that you may not have seen, young people getting chest pains," said Navy Capt. C. Forrest Faison, Expeditionary Medical Facility (EMF) Kuwait commanding officer. "If you send them back to Landstuhl, they're gone. If you send them to me, they're gone for a day or two, so we can do the evaluation."

The TTHD works with patients who receive medical treatment at the U.S. Military Hospital-Kuwait, part of EMF-Kuwait. The staff places patients in temporary quarters after they're discharged from the hospital and provides them transportation to follow-up appointments and physical therapy at the out-patient Troop Medical Clinic.

"We allow them to stay acclimated to the weather and we have liaison officers from every major unit up in Iraq located on this camp," Miller said

By October, the Navy, which runs the hospital, was to take over TTHD from the Army. The new Navy Medical Task Force-Kuwait will oversee healthcare at all Army camps in Kuwait.

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Be it the battlefields of Iraq and Afghanistan or a less treacherous training deployment to the East Fuji Maneuver Area on mainland Japan, field corpsmen carry on a proud naval tradition of blurring the distinction between blue and green.

But it's not easy being green, and the rapport between Marines and corpsmen isn't automatic. Maybe that's why most Navy "docs" go above and beyond their duties to show their devotion to the Marines under their care.

"I try to do more then just what a corpsman is supposed to do," said Seaman Apprentice Adam R. Crandall, a hospital corpsman with M Battery, 3rd Battalion, 11th Marine Regiment - one of three batteries that attached to 3rd Bn., 12th Marines, 3rd Marine Division, for the artillery relocation exercise in Fuji. "I'll get out there and help them do their job. I want to improve the lives of the Marines I'm working with any way possible. I can do that by lending someone my poncho or just sitting down and talking with them."

Corpsmen have served alongside Marines for more then 200 years, keeping them healthy, combat ready and, in many instances, alive. But the bond between Marine and corpsmen goes further than necessity.

"The relationship between Marines and 'docs' is probably better than a Marine to a Marine," said Pfc. Daniel R. Grigsby, a field artillery cannoneer with M Battery. "I think the 'docs' are seen more as a friend. It's not like a fellow Marine where you're like, 'This is my colleague.' With the 'doc' it's, 'This is the 'doc.' He's a cool guy."

But simply being "a cool guy" is not enough to earn Marines' trust and respect, according to Petty Officer 3rd Class Jason W. Andrews, a hospital corpsman with M Battery.

"All the Marines know me, trust me and will come to me for anything," said Petty Officer 3rd Class Jason W. Andrews, a hospital corpsman with M Battery. "But that trust comes with time. We have to prove that we're not going to lie to them, and that we'll treat them the way they deserve. If we treat the Marines well, they treat us well, but if we lie to them or don't hold our weight, they'll outcast us."

Corpsmen also earn respect by performing everyday Marine Corps duties in the field, such as digging trenches and providing security at night. "The 'docs' are treated as Marines whether they like it or not," said Lance Cpl. Anthony M. Leone, a towed artillery systems technician with F Battery, 2nd Bn., 10th Marines. "But it's like they're Marines anyway. We're close to each other, if anyone has a problem they can take it to the 'docs."

Corpsmen, when attached to Marine units aren't considered Navy, Leone said. They're Marines.

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During the invasion in March 2003, more than 600 reporters, TV crews and photographers linked up with U.S. and British units. A year ago, there were 114.

"This is more than pathetic," said Sig Christenson, a reporter for the San Antonio Express-News and president of Military Reporters and Editors. "It strikes me as dangerous" for the American public to get so little news of their military, he said.

Some journalists blame the decline on Pentagon bureaucracy, reporting restrictions and pressure by some commanders to avoid "negative" coverage. Journalists and U.S. military officers point to declining interest in the story, and the high cost – in money and danger – of covering it.

Christopher Paul of the RAND Corp. said it was natural for the numbers of embeds to drop after the invasion because when they can safely travel on their own, journalists prefer "to act in a unilateral capacity" and pursue stories without military restrictions.

However, after the initial post-invasion lull, the war picked up again – but not the number of embeds.

The U.N. says at least 6,599 Iraqi civilians were killed in July and August – a record high. U.S. troop levels have risen above 140,000, and September was the second deadliest month of the year for the U.S. military. The war is the key issue in next month's U.S. election.

Yet in recent months, no more than 25 journalists have been embedded, but that figure does not provide a complete picture of U.S. and other foreign news coverage in Iraq. Major U.S. news organizations, including The Associated Press, maintain multinational staffs with American reporters in Baghdad, as well as part-time Iraqi correspondents in other cities. But travel in Iraq is hampered for reporters because of security, and the most effective way to cover the U.S. military is to join American units.

"It is vital to get a firsthand look at the activities of American forces on a regular basis, to report on their interactions with Iraqis, and to assess the state of fighting in places where it would otherwise be difficult to travel." said AP International Editor John Daniszewski.